

Customer Satisfaction Survey



Site No.
Site Address:

Please take a few moments to complete the following questions to help us monitor our performance in the important areas of Customer Care, Quality and Safety.

Please return the form to our engineer or if preferred please post it to us at the address below.

Please rate our performance in the following areas?

	Poor	Fair	Good	Excellent
1. Communications and responses from our office help desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communications with our engineers before, during and at the end of visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our Engineer's reliability & punctuality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Our Engineer's personal presentation including workwear and ID Badge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our Engineer's performance and behaviour on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The cleanliness of the work area on completion by our engineer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Our overall administration & invoicing services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on how you feel we could improve our customer service and performance as a company:

Customer Signature _____ Date: _____

Print Name: _____